

TABLE 1

Name	Date of Birth	Home Address	% of Interest	Title/Position
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: Please check one: <input type="checkbox"/> <i>Att. D Statement attached OR</i> <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		

TABLE 2

Name of Affiliate/Affiliated Company	Address	% Interest in Licensee	Authorized Representative	Position
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			
	Address: City: State: ZIP: Country:			

TABLE 3

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A	Address of Person	% of Interest
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	
Name:		Address: City: State: ZIP: Country:	

TABLE 4[illegible]

TABLE 5

[illegible]

TABLE 6[illegible]

TABLE 7[illegible]

TABLE 8

[illegible]

TABLE 9

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

TABLE 10

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					
Last Name: First Name, MI:					

TABLE 11

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

TABLE 12[illegible]